

Request for Leave Form — Appendix 307A

The Catholic Archdiocese of Edmonton Request for Leave

Employee Surname: _____ Employee First Name: _____

Address/phone number during leave (if different from current information on file):

Identify Type of Leave Requested *	HR Policy No.Reference
<input type="checkbox"/> Banked Time (in lieu of overtime worked)	316
<input type="checkbox"/> Bereavement (immediate family)	308
<input type="checkbox"/> Compassionate Care	309
<input type="checkbox"/> Jury Duty	310
<input type="checkbox"/> Long Term Disability	306
<input type="checkbox"/> Maternity <input type="checkbox"/> Parental <input type="checkbox"/> Adoption _____	311
<input type="checkbox"/> Medical/Dental Appointments	314
<input type="checkbox"/> Personal Leave Days (with pay)	312
<input type="checkbox"/> Personal Leave (without pay)	307
<input type="checkbox"/> Sick Leave (with pay)	313
<input type="checkbox"/> Sick Leave (without pay)	313
<input type="checkbox"/> Staff Development/Education	319
<input type="checkbox"/> Vacation (with pay)	321
<input type="checkbox"/> Vacation (without pay)	321
<input type="checkbox"/> Workers' Compensation (where applicable)	322
<input type="checkbox"/> Other (specify) _____	

(* Please note, during certain types of leaves you may not be eligible for Named Holidays which fall within the period(s) of leave, refer to attached chart, page 3).

Period(s) for Which the Leave is Requested:

From: _____ to: _____
(First workday away) (Last workday away)

From: _____ to: _____
(First workday away) (Last workday away)

Total Paid Time Requested (Days and/or hours): _____

Total Unpaid Time Requested (Days and/or hours): _____

Scheduled Return to Work Date: _____

NOTE:

I hereby acknowledge that should I fail to return on my scheduled return to work date without having provided proper notification and/or acceptable reasons, including authorization of my employer, I will have deemed to have voluntarily resigned my position and my employment as of the scheduled return to work date.

Additional Information Related to Request (If applicable): _____

Signature of Employee

Date

Decision of Immediate Supervisor/ Designate:

___ **Approved** **Comments:** _____

___ **Not Approved** **Comments:** _____

Signature of Immediate Supervisor/Designate

Date

Section to be Completed by Authorized Payroll/Administrative Representative

During the leave you will **not** be eligible for the following Named Holiday(s) (If applicable):

Applicable Employee Group Benefits During Leave:

___ Continue
Comments: _____

___ Be discontinued during leave until return to work
Comments: _____

___ Be affected as follows: _____

Signature of Authorized Payroll/Administrative
Representative

Date

Completed copy to:

- 1) Employee file/Payroll file**
- 2) Employee for their records**

Please note that this chart is intended to address the eligibility for Named Holiday(s) for payroll purposes during a majority of leaves requested by employees, but there may be special circumstances for requested leaves* which require further consideration in order to determine eligibility for Named Holiday(s).

<u>Type of Leave Requested</u>	<u>Named Holidays Eligibility</u>
Banked Time (in lieu of overtime worked)	Yes
Bereavement (Immediate family)	Yes
Compassionate Care	No
Education/Staff Development	*
Jury Duty	Yes
Long Term Disability	No
Maternity/Parental/Adoption	No
Medical/Dental Appointments	Yes
Personal Leave Days (with pay)	Yes
Personal Leave (without pay)	No
Sick Leave (with pay)	Yes
Sick Leave (without pay)	No
Vacation (with pay)	Yes
Vacation (without pay)	No
Workers' Compensation (where applicable)	Yes **

** as part of eligible WCB payments